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MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 12, 2008
Date

/Amy DeCloux/

Signature

Amy DeCloux

Typed or printed name of person signing Certificate

54,849

Registration Number, if applicable

(617) 239-0294

Telephone Number

Note: Each paper must have its own certificate of mailing.

Fee Transmittal Form (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment in Response to Non-Final Office Action (26 pages)

Transmittal (1 page)

18 scientific articles as appendices

Charge \$460.00 to deposit account 04-1105

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/534,082-Conf. #9415
		Filing Date	December 12, 2005
		First Named Inventor	Shuji Hinuma
		Art Unit	1645
		Examiner Name	R. P. Swartz
Total Number of Pages in This Submission		Attorney Docket Number	68137(46342)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below): <p style="text-align: center;">Certificate of Electronic Filing 18 attached scientific articles</p>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature	/Amy DeCloux/		
Printed name	Amy DeCloux		
Date	May 12, 2008	Reg. No.	54,849

<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete if Known</p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/534,082-Conf. #9415
		Filing Date	December 12, 2005
		First Named Inventor	Shuji Hinuma
		Examiner Name	Swartz, Rodney P
		Art Unit	1645
TOTAL AMOUNT OF PAYMENT		(\$)	Attorney Docket No. 68137(46342)

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 04-1105
 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☒ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ - _____ = _____ x _____ = _____	<u>Multiple Dependent Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ _____
HP = highest number of total claims paid for, if greater than 20.	
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ - _____ = _____ x _____ = _____	
HP = highest number of independent claims paid for, if greater than 3.	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): _____ Petition for 2 months extension of time _____	460

SUBMITTED BY

Signature	/Amy DeCloux/	Registration No. (Attorney/Agent)	54849	Telephone	(617)239-0294
Name (Print/Type)	Amy DeCloux	Date	May 12, 2008		